



CITY OF FAIRFIELD

Business License Office

1000 Webster Street, 2nd Floor, Fairfield, CA 94533-4883

Phone (707) 428-7461

Application Type:

- ☐ Address Change
- ☐ Owner Change
- ☐ New Business
- ☐ Business Name Change
- ☐ HOME OCCUPATION

☐ Out-Of-City Contractor

Copy of current contractor's
license (pocket card) is required.

BUSINESS LICENSE APPLICATION

Please type or print, sign and return with payment. All sections must be completed.

APPLICANT MUST NOTIFY THIS OFFICE IN WRITING OF ANY CHANGES IN FACTS ON THIS APPLICATION

Business Name (DBA) _____	Start Date in Fairfield _____
Corporate Name (if applicable) _____	Number of Employees _____
Business Location _____ <small>(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)</small>	Resale No. _____
_____	Federal ID No. _____
Mailing Address _____	State ID No. _____
_____	Health Permit _____
City/State/Zip _____	State Lic. No. _____
Bus. Phone No. _____ Fax No. _____	State Lic. Type _____
Email Address _____	Expire Date _____
Website _____	
Description of Business _____	

OWNER(S), PARTNER(S), OR CORPORATE OFFICER(S) INFORMATION

Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the back of this form.

Ownership: ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability ☐ Corporation ☐ Other: _____

Name _____ **Title** _____

Home Address _____ **Driver Lic. No.** _____
(Cannot be P.O. Box)

Home Phone No. _____ **Cell No.** _____ **Soc. Sec. No.** _____

Name _____ **ITIN/Other ID No.** _____

Home Address _____ **Date of Birth** _____
(Cannot be P.O. Box)

Home Phone No. _____ **Cell No.** _____ **Driver Lic. No.** _____

Soc. Sec. No. _____ **ITIN/Other ID No.** _____

Date of Birth _____

EMERGENCY CONTACT INFORMATION

Contact Name _____ **Phone No.** _____

Address _____ **Cell No.** _____

PLEASE COMPLETE THE FOLLOWING AND SIGN BELOW

(to compute total license tax due, see reverse side)

A. Total year Gross Receipts	Tax Due	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<div style="border: 1px solid black; padding: 2px;">\$</div>	DID Fee	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
If applicable, check the following	Home Occupation Fee	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<input type="checkbox"/> Auctioneer	State CASp Fee	<div style="border: 1px solid black; padding: 2px;">\$ 4.00</div>
<input type="checkbox"/> Daycare <input type="checkbox"/> Veteran Exempt	TOTAL TAX DUE	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<input type="checkbox"/> Fuel Delivery <input type="checkbox"/> Solicitor/Peddler		
<input type="checkbox"/> Truck		
<input type="checkbox"/> Delivery <input type="checkbox"/> Non-Profit		
<input type="checkbox"/> Pawn		

Gross Receipts are subject to audit. Underreporting of Gross Receipts will result in penalties of up to 100% of business tax paid.

I declare under penalty of perjury that the answers of the above questions have been examined by me and to the best of my knowledge are true and complete.

➡ _____

Signature of Owner or Representative

Title _____ Date _____

DEPT APPROVALS • FOR OFFICE USE ONLY

ZONING

Amount Paid _____

Date Received _____

NOTICE: Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa - The Department of Rehabilitation at www.dor.ca.gov - The California

*Thank you for doing business in the
City of Fairfield*

ANNUAL GROSS RECEIPTS CLASSIFICATION

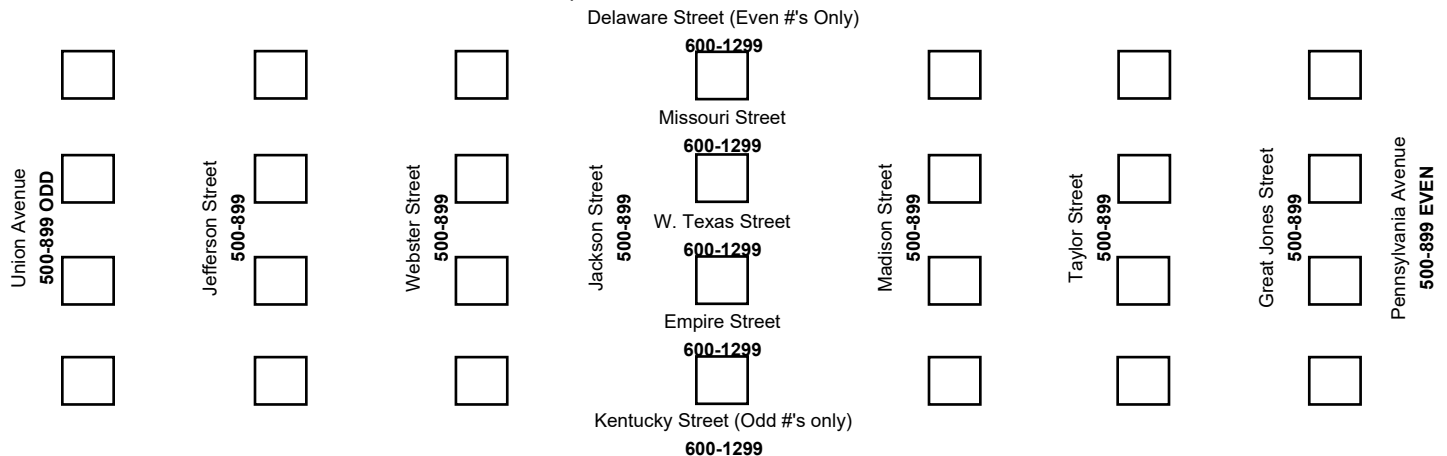
Classification "A"	Retail sales, contractors, subcontractors, restaurants, property management or leasing, rentals, motels, personal or repair services, etc.
Classification "B"	Professionals, such as attorneys, architects, accountants, real estate agents and brokers, appraisers, doctors, consultants, engineers, bookkeepers, investigators, developers, advertising agents, interior designers, etc.
Classification "C"	Manufacturers, wholesalers with zero retail receipts, and administrative headquarters with zero Fairfield Gross Receipts.

LICENSE TAX RATE SCHEDULE BY CLASSIFICATION

Gross Receipts		Business License Tax		
<u>At Least</u>	<u>But Less Than</u>	<u>A</u>	<u>B</u>	<u>C</u>
\$0	\$20,000	\$20	\$76	\$20
20,000	40,000	50	76	20
40,000	60,000	60	90	24
60,000	80,000	70	96	28
80,000	100,000	80	120	32
100,000	120,000	90	136	36
120,000	140,000	100	150	40
140,000	160,000	110	166	44
160,000	180,000	120	180	48
180,000	200,000	130	196	52
200,000	240,000	146	220	58
240,000	280,000	170	256	70
280,000	320,000	190	286	82
320,000	360,000	210	316	94
360,000	400,000	230	346	106
400,000	450,000	250	376	118
450,000	500,000	270	406	130
500,000	550,000	290	436	142
550,000	600,000	310	466	154
600,000	700,000	330	646	172
700,000	800,000	350	766	196
800,000	900,000	370	826	220
		390	886	244
For each additional \$100,000				
or fraction thereof:		15	15	10

DOWNTOWN IMPROVEMENT DISTRICT (D.I.D.) FEES

The City of Fairfield collects a fee on behalf of the Downtown Improvement District to finance the promotional and business development activities of that organization. The D.I.D. fees equal \$1.35 for each \$1.00 of the Business License Tax Category "A" business, and \$.66 for each \$1.00 of Business License Tax for all other businesses. Pay this fee ONLY if you are located with the downtown boundaries shown on the map below.



SERVICE OF PROCESS ADDRESS, PURSUANT TO AB 2184 - AVAILABLE FOR PUBLIC INSPECTION

If you wish to protect your residential address with a different service of process address, please provide it here.

NOTE - if your service of process address is a post office box or private mailbox, it must comply with paragraph (2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code.

Service of Process Address

Residential Address to protect

☐ Business Location

☐ Mailing Address

☐ Owner/Partner/Officer Address